

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096018

FILED
Jan 12, 2006
Secretary of State

Entity Name: REFLECTIONS WELLNESS CENTER OF BROWARD, INC

Current Principal Place of Business:

6043 NW 167 ST., STE. A-27
MIAMI LAKES, FL 33015

New Principal Place of Business:

6848 STIRLING ROAD
DAVIE, FL 33024 18

Current Mailing Address:

6043 NW 167 ST., STE. A-27
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 20-3114287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESA, LEONEL E. JR.
6043 NW 167 ST., STE. A-27
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MESA, LEONEL E. JR.
Address: 6043 NW 167 ST., STE. A-27
City-St-Zip: MIAMI LAKES, FL 33015

Title: DV () Delete
Name: URBANO, LEDIA
Address: 6043 NW 167 ST., STE. A-27
City-St-Zip: MIAMI LAKES, FL 33015

Title: DS () Delete
Name: MESA, RAYMOND D.
Address: 6043 NW 167 ST., STE. A-27
City-St-Zip: MIAMI LAKES, FL 33015

Title: DT () Delete
Name: FERNANDEZ, GUILLERMO
Address: 6043 NW 167 ST., STE. A-27
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO FERNANDEZ

ADMI

01/12/2006

Electronic Signature of Signing Officer or Director

Date